

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/57998

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2				/	/	/
3				/	/	/
4				/	/	/
5				/	/	/
6				/	/	/
7				/	/	/
8				/	/	/
9				/	/	/
10				/	/	/
11				/	/	/
12				/	/	/
13				/	/	/
14				/	/	/
15				/	/	/
16				/	/	/
17				/	/	/
18				/	/	/
19				/	/	/
20				/	/	/
21				/	/	/
22				/	/	/
23				/	/	/
24				/	/	/
25				/	/	/
26				/	/	/
27				/	/	/
28				/	/	/
29				/	/	/
30				/	/	/
31				/	/	/
32				/	/	/
33				/	/	/
34				/	/	/
35				/	/	/
36				/	/	/
37				/	/	/
38				/	/	/
39				/	/	/
40				/	/	/
41				/	/	/
42				/	/	/
43				/	/	/
44				/	/	/
45				/	/	/
46				/	/	/
47				/	/	/
48				/	/	/
49				/	/	/
50				/	/	/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/		/	
52				/	/	/
53				/	/	/
54				/	/	/
55				/	/	/
56				/	/	/
57				/	/	/
58				/	/	/
59				/	/	/
60				/	/	/
61				/	/	/
62				/	/	/
63				/	/	/
64				/	/	/
65				/	/	/
66				/	/	/
67				/	/	/
68				/	/	/
69				/	/	/
70				/	/	/
71				/	/	/
72				/	/	/
73				/	/	/
74				/	/	/
75				/	/	/
76				/	/	/
77				/	/	/
78				/	/	/
79				/	/	/
80				/	/	/
81				/	/	/
82				/	/	/
83				/	/	/
84				/	/	/
85				/	/	/
86				/	/	/
87				/	/	/
88				/	/	/
89				/	/	/
90				/	/	/
91				/	/	/
92				/	/	/
93				/	/	/
94				/	/	/
95				/	/	/
96				/	/	/
97				/	/	/
98				/	/	/
99				/	/	/
100				/	/	/
TOTAL IND.		↓	10	↓	9	↓
TOTAL DEP.		←	85	←	7	←
TOTAL CLAIMS			95		16	